

<i>SERFF Tracking Number:</i>	<i>ZURC-125364566</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Zurich Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW GL 26801</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Lead Liability Exclusion for Use with the ISO Commercial General Liability Coverage Part</i>		
<i>Project Name/Number:</i>	<i>CW GL 26801 - Lead Liability Exclusion for Use with the ISO Commercial General Liability Coverage Part/CW GL 26801</i>		

## Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Colonial American Casualty & Surety Company, Fidelity and Deposit Company of Maryland, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: Lead Liability Exclusion for Use SERFF Tr Num: ZURC-125364566 State: Arkansas  
with the ISO Commercial General Liability  
Coverage Part

TOI: 17.0 Other Liability - Claims  
Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: CW GL 26801

State Status: Fees verified and  
received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi, Edith  
Roberts, Brittany Yielding

Author: Patricia Chudik

Disposition Date: 11/21/2007

Date Submitted: 11/20/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

## General Information

Project Name: CW GL 26801 - Lead Liability Exclusion for Use with the ISO Commercial General Liability Coverage Part Status of Filing in Domicile: Pending

Project Number: CW GL 26801

Domicile Status Comments:

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 11/21/2007

State Status Changed: 11/21/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to introduce a new form for use with the ISO Commercial General Liability Coverage Part.  
The form is the Lead Liability Exclusion, U-GL-1342-A CW (10/07).

Please see the explanatory memorandum for a complete description of this filing.

SERFF Tracking Number: ZURC-125364566 State: Arkansas  
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50  
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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Lead Liability Exclusion for Use with the ISO Commercial General Liability Coverage Part  
Project Name/Number: CW GL 26801 - Lead Liability Exclusion for Use with the ISO Commercial General Liability Coverage Part/CW GL 26801

We request that this filing becomes January 1, 2008, for new and renewal business.

## Company and Contact

### Filing Contact Information

Patricia Chudik, Product Analyst pat.chudik@zurichna.com  
1400 American Lane (847) 605-7714 [Phone]  
Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

### Filing Company Information

American Zurich Insurance Company 1400 American Lane Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 40142 Group Code: 212 Group Name: FEIN Number: 36-3141762 -----	State of Domicile: Illinois Company Type: State ID Number:
American Guarantee and Liability Insurance Company 1400 American Lane Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 26247 Group Code: 212 Group Name: FEIN Number: 36-6071400 -----	State of Domicile: New York Company Type: State ID Number:
Colonial American Casualty & Surety Company 1400 American Lane Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 34347 Group Code: 212 Group Name: FEIN Number: 52-1096670 -----	State of Domicile: Maryland Company Type: State ID Number:
Fidelity and Deposit Company of Maryland 1400 American Lane Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 39306 Group Code: 212 Group Name: FEIN Number: 13-3046577 -----	State of Domicile: Maryland Company Type: State ID Number:
Zurich American Insurance Company of Illinois 1400 American Lane Schaumburg, IL 60196 (847) 605-6000 ext. [Phone]	CoCode: 27855 Group Code: 212 Group Name: FEIN Number: 36-2781080	State of Domicile: Illinois Company Type: State ID Number:

*SERFF Tracking Number:*      *ZURC-125364566*      *State:*      *Arkansas*  
*First Filing Company:*      *American Zurich Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CW GL 26801*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0001 Commercial General Liability*  
*Product Name:*      *Lead Liability Exclusion for Use with the ISO Commercial General Liability Coverage Part*  
*Project Name/Number:*      *CW GL 26801 - Lead Liability Exclusion for Use with the ISO Commercial General Liability Coverage Part/CW GL 26801*

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Zurich American Insurance Company      CoCode: 16535      State of Domicile: New York  
1400 American Lane      Group Code: 212      Company Type:  
Schaumburg, IL 60102      Group Name:      State ID Number:  
(847) 605-6000 ext. [Phone]      FEIN Number: 36-4233459  
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SERFF Tracking Number: ZURC-125364566 State: Arkansas  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Arkansas's fee is \$50 per submission for form filings.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Insurance Company	\$50.00	11/20/2007	16738391
American Guarantee and Liability Insurance Company	\$0.00	11/20/2007	
Zurich American Insurance Company of Illinois	\$0.00	11/20/2007	
Colonial American Casualty & Surety Company	\$0.00	11/20/2007	
Fidelity and Deposit Company of Maryland	\$0.00	11/20/2007	
American Zurich Insurance Company	\$0.00	11/20/2007	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/21/2007	11/21/2007

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## Disposition

Disposition Date: 11/21/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	Explanatory memorandum	Approved	No
Form	Lead Liability Exclusion	Approved	No

SERFF Tracking Number: ZURC-125364566 State: Arkansas

First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: CW GL 26801

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Lead Liability Exclusion for Use with the ISO Commercial General Liability Coverage Part

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Lead Liability Exclusion	U-GL-1342-A CW	10 07	Endorsement/Amendment/Conditions		0.00	Lead Liability Exclusion 10-12-07.pdf



**ZURICH**

## Lead Liability Exclusion

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
					\$	\$

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

### **Commercial General Liability Coverage Part**

The following exclusion is added to Paragraph **2. Exclusions**, of **Section I - Coverage A - Bodily Injury And Property Damage Liability** and Paragraph **2. Exclusions**, of **Coverage B - Personal And Advertising Injury Liability**:

This insurance does not apply to:

#### **Lead**

- (1) "Bodily injury", "property damage" or "personal and advertising injury" arising out of, resulting from, caused by or related to: the actual, alleged or threatened:
  - (a) Exposure to or existence of lead, paint containing lead, or any other material, product or substance containing lead; or
  - (b) Manufacture, distribution, sale, resale, re-branding, installation, repair, removal, encapsulation, abatement, replacement or handling of lead, paint containing lead, or any other material, product or substance containing lead,whether the lead is or was at any time airborne, ingested, inhaled, absorbed, transmitted in any fashion, or found in any form whatsoever, or whether any other cause, event, material, product or substance contributed concurrently or in any sequence to the injury or damage.;
- (2) Any sums that any insured or other entity must pay, repay or reimburse because of any:
  - (a) Request, demand, order or statutory or regulatory requirement that any insured or others test for, sample, monitor, clean up, remove, abate, cover, contain, treat, mitigate, or neutralize lead, paint containing lead, or any other material, product or substance containing lead, or in any way respond to, or assess the effects of lead in any form; or
  - (b) Claim or "suit" for damages relating to testing for, sampling, monitoring, cleaning up, removing, abating, covering, containing, treating, mitigating, or neutralizing lead, paint containing lead, or any other material, product or substance containing lead or in any way responding to or assessing the effects of lead in any form.
- (3) Any other loss, cost or expense arising out of, caused by or relating in any way to lead.

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	11/21/2007

**Comments:**

**Attachment:**

NAIC transmittal.pdf

		Review Status:	
Satisfied -Name:	Explanatory memorandum	Approved	11/21/2007

**Comments:**

**Attachment:**

11-19-2007 Expl memo.pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	Zurich North America				<b>Group NAIC #</b>	212
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
American Guarantee and Liability Insurance Company	NY	26247	36-6071400			
American Zurich Insurance Company	IL	40142	36-3141762			
Colonial American Casualty and Surety Insurance Company	MD	34347	52-1096670			
Fidelity and Deposit Company of Maryland	MD	39306	13-3046577			
Zurich American Insurance Company	NY	16535	36-4233459			
Zurich American Insurance Company of Illinois	IL	27855	36-2781080			

<b>5. Company Tracking Number</b>	CW GL 26801
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Patricia E. Chudik Regulatory Services Analyst Zurich North America 1400 American Lane Schaumburg, Illinois 60196	Regulatory Services Analyst	847 605-7714	847 605-7768	pat.chudik@zurichna.com
<b>7.</b>	Signature of authorized filer		<i>Patricia E. Chudik</i>		
<b>8.</b>	Please print name of authorized filer		Patricia E. Chudik		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0000
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0001
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Lead Liability Exclusion for use with the Commercial General Liability Coverage Part
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 01-01-2008      Renewal: 01-01-2008

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	NA
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	NA
<b>18.</b>	<b>Company's Date of Filing</b>	11-20-2007
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CW GL 26801
<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

In accordance with the filing requirements of your state, we enclose for your review and approval our new form Lead Liability Exclusion.

This exclusion will be used with the ISO Commercial General Liability Coverage Part.

Please see the explanatory memorandum for a complete description of this filing.

We request an effective date of January 1, 2008, for new and renewal business.



**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CW GL 26681
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	NA
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Lead Liability Exclusion	U-GL-1342-A CW (10/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	NA
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

## EXPLANATORY MEMORANDUM

### **Lead Liability Exclusion**

We are submitting our Lead Liability Exclusion endorsement that will be used on an optional basis for insureds that may have lead exposures. This endorsement has been designed to correspond with the Comprehensive General Liability Coverage Form CG 00 01. This optional form is intended for use where the underwriter believes the products, locations or operations have the potential to present an undesirable liability exposure due to the direct exposure from lead, paint containing lead or any other material or substance containing lead.

Lead-related claims and suits continue to be a significant exposure and concern to the insurance industry. This form excludes all coverage for injury or damages arising out of or caused by the actual, alleged or threatened exposure to or existence of lead, paint containing lead or any other material or substance containing lead. The form also excludes all coverage for injury or damage as a result of manufacturing, distribution, sale, resale, re-branding, installation, repair, removal, encapsulation, abatement, replacement or handling of lead, paint containing lead, or any other material, product or substance containing lead.

Our rates do not contemplate exposure from lead, paint containing lead or any other material or substance containing lead. No adjustment of premium is necessary when the Lead Liability Exclusion is used.

We request an effective date of January 1, 2008, for new and renewal business.